

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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| 1. File Number U - <u>4704</u> | 2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u> |
| 3. Name and address of person filing. Name <u>Dennis</u> <u>R</u> <u>Arrington</u> P.O. Box, Bldg., Room No., if any <u>P.O. Box 22699</u> Street <u>2222 Bull Street, Ste. 200</u> City <u>Savannah</u> State <u>Georgia</u> ZIP Code + 4 <u>31403</u> | 4. Name, file number, and address of labor organization. Name <u>Industrial, Technical & Prof. Employees Union</u> Labor Organization File Number <u>530-913</u> P.O. Box, Building and Room Number, if any <u>P.O. Box 22699</u> Street <u>2222 Bull Street, Ste. 200</u> City <u>Savannah</u> State <u>Georgia</u> ZIP Code + 4 <u>31403</u> |
| 5. Position in labor organization. <u>Union Organizing Director</u> | |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

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| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | |
| 6. Name and address of Employer (including trade name, if any). Name <u>ITPE Health & Welfare Fund</u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>24 Oglethorpe Professional Blvd.</u> City <u>Savannah</u> State <u>Georgia</u> ZIP Code + 4 <u>31046</u> | 7.a. Nature of Interest, Transaction, or Income. <u>I am a Trustee of the Fund. The amount Stated below was for reimbursement of travel expenses incurred in connection with attendance and participation at Trustees Meetings.</u> 7.b. Amount. <u>\$7,313</u> |

Signature

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| 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) | | |
| Signed <u>Dennis R Arrington</u> | On <u>07/13/2005</u> Date | <u>912-232-6181</u> Telephone Number |

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| Name of Person Filing Dennis Arrington | | FORM LM-30 | File Number U- |
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| 8. Name and address of Business (including trade name, if any). Name ITPE Annual Benefit Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 255 Street 6851 Jericho Turnpike City Syosset State New York ZIP Code + 4 11791 | 9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input checked="" type="checkbox"/> c. Employer |
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| 10. If 9.b. or 9.c. is checked give trust or employer's name. Name All Contributing Employers Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | 11.a. Nature of such dealing. The Fund is a Taft-Hartley Trust created pursuant to agreement between the Union and various Employers and to which Employers make contributions on behalf of Union-represented employees in accordance with collective bargaining agreements. 11.b. Approximate dollar value of such dealing. Not Applicable 12.a. Nature of interest held or income received. I am a Trustee of the Fund. The amount stated below was for reimbursement of expenses incurred in connection with attendance and participation at Trustees Meetings. 12.b. Amount. \$5,258 |
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

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| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | 14.a. Nature of payment. <div style="border: 1px solid black; height: 150px; width: 100%;"></div> |
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| 13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ? | 14.b. Amount of payment. |
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